pplication or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09/843288

CLAIMS AS FILED - PART I (Column 1)					(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			Coldinii	.,	(Oolu	· · · · · · · · · · · · · · · · · · ·		RATE	FEE	on I I	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ŀ ⊩	ASIC FEE	355.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			5 minus 20=		•			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		*			X40=		OR	X80=		
MUI	TIPLE DEPEN	DENT CLAIM PI	RESENT					+135=		OR	+270=		
* If 1	the difference	in column 1 is	less than zero, enter "0" ir			olumn 2	Ŀ	TOTAL	355	OR	TOTAL		
•	CLAIMS AS AMENDED - PART II						•	***	·		OTHER THAN		
	•	(Column 1)		(Colur		(Column 3)		SMALL E	NTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL FEE	
	T tal	•	Minus	**		=		X\$ 9=	•	OR	X\$18=		
	Independent	*	Minus	***		=		X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	JUIPLE DEP	ENDEN	CLAIM			+135=	•	OR	+270=		
							. L	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	1: .	
,		(Column 1)		(Colur	mn 2)	(Column 3)	, ,,,	DII. I EE E					
AMENDMENT B		CLAIMS REMAINING		HIGH	EST	PRESENT	1 [' '	ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIO PAID	DUSLY	EXTRA	l L	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	* .	Minus	** .	· · · · · · · · · · · · · · · · · · ·	=	11	X\$ 9=	•-	OR	X\$18=		
	Independent	NTATION OF M	Minus	***	- OL AINA	= -	┨┞	X40=		OR	X80=		
	FIRST PRESE	NIATION OF MI	JLIIPLE DEP	ENDENI	CLAIN		4	+135=		OR	+270=		
			•				L	TOTAL DIT. FEE		OR .	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)	-	DII. FEL			A9011.1 CE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	\prod	X\$ 9=	•	OR	X\$18=		
	Independent	*	Minus	*** '	TOL 4114	=	 	X40=		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=		
• 1	* If the entry in column 1 is less than the ntry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL		
***	If the "Highest Nu	mber Previously P mber Previously P nb r Previously Pa	aid For IN THI	S SPACE	is less tha	an 3, enter "3."	7.0	TOTAL DDIT. FEE	ropriate box	OR c in co	ADDIT. FEE		